

Clark County Combined Health District (CCCHD)
Division of Environmental Health
529 E. Home Road
Springfield, Ohio 45503
Phone: 937-390-5600 Fax: 937-390-5625

Application for Sewage Variance

Permit Fee \$100.00

Receipt #: _____

Address of Site	City	State	Zip
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Owner Information:			
Name			
Address	City	State	Zip
Telephone Number:	Cell Phone Number:		

Insert below, all sections of sewage code from which you are requesting a variance.

Provide a concise description of the conditions, which prevent compliance with above code(s).

By signing this application, I, the grantee, agree to abide by any and all state laws and regulations and by the regulations set forth by the Clark County Combined Health District.

I, the grantee, herein further acknowledge that I obtained a variance from the Clark County Combined Health District Board of Health, said variance permitting me to install a sewage system that does not meet the minimum state code.

In consideration for said variance, I hereby agree and promise that I will hold harmless and indemnify the Clark County Combined Health District Board of Health, the Clark County Combined Health District and/or any and all members of said Board and/or said District, including all employees and/or agents thereof, from any and all damages which might be caused directly or indirectly from this installation.

Owner Signature	Date
Witness #1 Signature	Witness #2 Signature

Notary Use Only:
In testimony whereof, I have hereunto set my hand and official seal at _____, Ohio, this _____ day of _____, 2007.
_____ Notary Public
My commission expires:

Health Department Use Only:
Variance Approved by the Clark County Combined Health District Board of Health - Yes <input type="checkbox"/> No <input type="checkbox"/>
Resolution Number: _____ Approval Date: _____

Revised 11/19/07